

CITY OF NORWAY

CITIZEN COMPLAINT REPORT			DATE OF REPORT
YOUR NAME			DATE OF BIRTH
YOUR ADDRESS			PHONE (H)
YOUR EMPLOYER			PHONE (W)
DATE / TIME OF INCIDENT	ADDRESS WHERE INCIDENT OCCURRED		
NAME OF PERSON(S) YOU ARE COMPLAINING ABOUT OR LOCATION OF INCIDENT	DEPARTMENT INVOLVED IN COMPLAINT (IF KNOWN)		
1	1		
2	2		
HAVE YOU REPORTED THIS BEFORE	YES / NO	IF SO, TO WHOM / WHEN	
PERSON(S) WHO ACTUALLY SAW EVENT (INCLUDING SELF)			
NAME	ADDRESS	PHONE (H / W)	
PRINT SUMMARY OF OCCURRENCE OF WHICH YOU ARE COMPLAINING			
PLEASE READ BEFORE SIGNING			SIGNATURE OF COMPLAINANT
I UNDERSTAND THAT IT IS A VIOLATION TO WILLFULLY MAKE A FALSE REPORT. IN THE EVENT THIS REPORT IS PROVEN FALSE, THE INFORMATION MAY BE PROVIDED TO THE PROSECUTING ATTORNEY OR CITY PROSECUTOR FOR POSSIBLE PROSECUTION			
STAFF	DATE	TIME	

(USE OTHER SIDE)